

Fill in this information to identify the case:

Debtor Name LEWIS M. IRVING

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number: 19-13930 (AMC)

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: APRIL

Date report filed: 06/10/2020
MM / DD / YYYY

Line of business: CEMETERY

NAISC code: 812220

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: LEWIS M. IRVING

Original signature of responsible party _____

Printed name of responsible party LEWIS M. IRVING

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

	Yes	No	N/A
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name LEWIS M. IRVING

Case number 19-13930 (AMC)

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 14,142.57

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 38,221.31

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 32,353.27

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 5,868.04

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 14,142.57

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

\$ 2,573.60

(Exhibit E) Income Tax \$ 1,173.60

Property tax \$1,400.00

Debtor Name LEWIS M. IRVING

Case number 19-13930 (AMC)

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

(Exhibit F)

\$ 0

5. Employees

26. What was the number of employees when the case was filed?

0

27. What is the number of employees as of the date of this monthly report?

0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 15,000.00

30. How much have you paid this month in other professional fees?

\$ 0

31. How much have you paid in total other professional fees since filing the case?

\$ 0

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>14,000.00</u>	—	\$ <u>38,221.31</u>	=	\$ <u>24,221.31</u>
33. Cash disbursements	\$ <u>12,000.00</u>	—	\$ <u>32,353.27</u>	=	\$ <u>20,353.27</u>
34. Net cash flow	\$ <u>2,000.00</u>	—	\$ <u>5,868.04</u>	=	\$ <u>3,868.04</u>
35. Total projected cash receipts for the next month:					\$ <u>14,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>12,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>2,000.00</u>

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Debtor Name LEWIS M. IRVING

Case number 19-13930 (AMC)

Monthly Profit & Loss Statement
For HAVEN MEMORIAL PARK (Name of Business)
Month Ending April 30, 2020

Income:

- 1 Your Business Income
2 **TOTAL INCOME**

38,221.31

\$ 38221

Business Expenses:

- 3 Advertising/Marketing
4 Credit/Debit Card Fees
5 Equipment Rental/Lease
6 Insurance Expense
7 Licenses/Permits
8 Office Supplies Expense
9 Postage & Delivery
10 Rent - Office/Storage Space, Etc.
11 Supplies/Materials Expense
12 Travel/Entertainment
13 Utilities Expense
14 Vehicle Expense

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Other Business Expenses:

- 15
16
17

\$ _____
\$ _____
\$ _____

18 **TOTAL OPERATING EXPENSES**

(Add lines 3 through 17 = line 18)

\$ 32353

19 **PROFIT OR (LOSS) FROM BUSINESS**

(Line 2 minus line 18 = line 19)

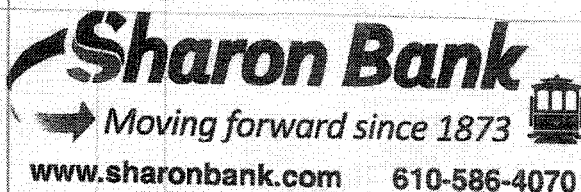
\$ 5868

PREPARED BY: Lewis M Irving

DATE PREPARED: 06/12/2020

Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**



00000786 M3161050120060855000 01 000000000 0000800 003
 HAVEN MEMORIAL PARK
 CEMETARY AND CREMATORY INC
 278 THORNTON RD
 THORNTON PA 19373

CHECKING ACCOUNT

STATEMENT PERIOD FROM 04/01/2020 TO 04/30/2020

ACCOUNT NUMBER: 172954893

PAGE: 1

ACCOUNT SUMMARY

PREVIOUS STATEMENT DATE:	03/31/2020
BEGINNING BALANCE:	8,274.53
+ DEPOSITS/CREDITS:	38,221.31
+ INTEREST:	.00
8 TOTAL CREDITS:	38,221.31
74 TOTAL WITHDRAWALS/DEBITS:	32,353.27
ENDING BALANCE:	14,142.57

SERVICE CHARGES

ACCOUNT MAINTENANCE	2.00
AVERAGE BALANCE: 12,639.58	MINIMUM BALANCE: 4,636.66

ACCOUNT DETAIL

DATE DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
03/31 BALANCE FORWARD			8,274.53
04/02 CHECK NUMBER 647		152.07-	8,122.46
04/02 CHECK NUMBER 650		304.78-	7,817.68
04/02 CHECK NUMBER 660		21.00-	7,796.68
04/03 CHECK NUMBER 643		187.27-	7,609.41

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Debtor Name LEWIS M. IRVINGCase number 19-13930 (AMC)**CHECKING ACCOUNT**ACCOUNT NUMBER: 172954093

STATEMENT PERIOD FROM 04/01/2020 TO 04/30/2020

PAGE: 2

ACCOUNT DETAIL

DATE DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
04/03 BALANCE FORWARD FROM PREV. PAGE			
04/03 CHECK NUMBER 648			7,609.41
04/03 CHECK NUMBER 649		198.44-	7,410.97
04/03 CHECK NUMBER 651		138.39-	7,272.58
04/03 CHECK NUMBER 652		576.53-	6,696.05
04/03 CHECK NUMBER 657		872.78-	5,823.27
04/03 CHECK NUMBER 658		126.15-	5,697.12
04/03 CHECK NUMBER 659		221.96-	5,475.16
04/03 CHECK NUMBER 662		122.00-	5,353.16
04/03 CHECK NUMBER 664		16.50-	5,336.66
04/03 CHECK NUMBER 665		350.00-	4,986.66
04/06 DEPOSIT	8,970.00	350.00-	4,636.66
04/06 CHECK NUMBER 653			13,606.66
04/06 CHECK NUMBER 661		197.40-	13,409.26
04/07 DBT RECUR-PURCH AT&T*BILL PAYMENT		376.11-	13,033.15
AT&T*BILL PAYMENT 8003310500 GA		78.86-	12,954.29
SEQ#820554 DATE 4/06/20 TIME 11:10			
04/07 DEPOSIT	685.00		13,639.29
04/07 CHECK NUMBER 654		39.31-	13,599.98
04/07 CHECK NUMBER 655		91.34-	13,508.64
04/07 CHECK NUMBER 656		393.24-	13,115.40
04/07 CHECK NUMBER 669		198.65-	12,916.75
04/08 HARFORD-MUTL-INS INSURANCE		796.10-	12,120.65
04/09 CHECK NUMBER 667		199.69-	11,920.96
04/10 POS PURCHASE CVS/PHARM 04984--		42.60-	11,878.36
CVS/PHARM 04984--863 B GLEN MILLS PA			
SEQ#907583 DATE 4/10/20 TIME 15:15			
04/10 CHECK NUMBER 666		423.32-	11,455.04
04/10 CHECK NUMBER 670		975.00-	10,480.04
04/10 CHECK NUMBER 671		350.00-	10,130.04
04/10 CHECK NUMBER 672		295.00-	9,835.04
04/14 DEPOSIT	5,125.00		14,960.04
04/14 CHECK NUMBER 668		192.06-	14,767.98
04/15 POS PURCHASE GIANT 6116 1393 D		175.17-	14,592.81
GIANT 6116 1393 DILWOR WEST CHESTER PA			
SEQ#255710 DATE 4/15/20 TIME 12:05			
04/17 DEPOSIT	4,925.00		19,517.81
04/17 POS PURCHASE CVS/PHARMACY #04		129.70-	19,388.11
04984--863 BALTIMO GLEN MILLS PA			
SEQ#356783 DATE 4/17/20 TIME 16:53			
04/17 CHECK NUMBER 674		1,834.88-	17,553.23
04/17 CHECK NUMBER 684		975.00-	16,578.23
04/17 CHECK NUMBER 685		350.00-	16,228.23
04/17 CHECK NUMBER 686		295.00-	15,933.23
04/19 POS PURCHASE COSTCO WHSE #11		84.12-	15,849.11
COSTCO WHSE #11 GLEN MILLS PA			
SEQ#304075 DATE 4/19/20 TIME 16:05			
04/20 DBT RECUR-PURCH AMAZON PRIME*MG8X		13.77-	15,835.34
AMAZON PRIME*MG8X71N91 AMZN.COM/BILL WA			
SEQ#579391 DATE 4/19/20 TIME 11:19			

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Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

CHECKING ACCOUNT

ACCOUNT NUMBER: **19-13930**

STATEMENT PERIOD FROM **04/01/2020** TO **04/30/2020**

PAGE: 3

ACCOUNT DETAIL

DATE	DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
04/20	BALANCE FORWARD FROM PREV. PAGE			15,835.34
04/20	DBT PURCHASE SAGE BANKRUPTCY G		35.00-	15,800.34
	SAGE BANKRUPTCY COURSE 800-516-2159 CA			
	SEQ#108831 DATE 4/18/20 TIME 08:59			
04/20	POS PURCHASE THE HOME DEPOT 41		73.07-	15,727.27
	200 HATTON DRIVE GLEN MILLS PA			
	SEQ#444201 DATE 4/20/20 TIME 09:10			
04/20	CHECK NUMBER 675			
04/20	CHECK NUMBER 676	1,306.00-		14,421.27
04/20	CHECK NUMBER 677	435.57-		13,985.70
04/20	CHECK NUMBER 680	162.07-		13,823.63
04/21	CHECK NUMBER 673	146.65-		13,676.98
04/21	CHECK NUMBER 678	726.46-		12,950.52
04/21	CHECK NUMBER 679	200.02-		12,750.50
04/21	CHECK NUMBER 682	1,736.52-		11,013.98
04/22	DEPOSIT	43.30-		10,970.68
04/22	POS PURCHASE GIANT 6116 1393 D	5,490.00		16,460.68
	GIANT 6116 1393 DILWOR WEST CHESTER PA		71.21-	16,389.47
	SEQ#909655 DATE 4/22/20 TIME 15:47			
04/22	CHECK NUMBER 681			
04/23	DEPOSIT			
04/23	CHECK NUMBER 683	2,340.00		16,132.69
04/23	CHECK NUMBER 700		256.78-	18,472.69
04/24	DBT PURCHASE PCA CORRUGATED &		341.70-	18,130.99
	PCA CORRUGATED & DISPL 6104898755 PA		552.00-	17,578.99
	SEQ#714089 DATE 4/23/20 TIME 11:37		341.00-	17,237.99
04/24	CHECK NUMBER 699			
04/24	CHECK NUMBER 701		216.30-	17,021.69
04/24	CHECK NUMBER 702		700.00-	16,321.69
04/24	CHECK NUMBER 703		350.00-	15,971.69
04/24	CHECK NUMBER 706		295.00-	15,676.69
04/27	DEPOSIT		1,000.00-	14,676.69
04/27	CHECK NUMBER 688	10,670.00		25,346.69
04/27	CHECK NUMBER 691		1,825.77-	23,520.92
04/27	CHECK NUMBER 692		126.15-	23,394.77
04/27	CHECK NUMBER 693		87.01-	23,307.76
04/27	CHECK NUMBER 694		318.81-	22,988.95
04/27	CHECK NUMBER 695		138.23-	22,850.72
04/27	CHECK NUMBER 698		215.04-	22,635.68
04/28	POS PURCHASE CVS/PHARMACY #04		231.96-	22,403.72
	04984--863 BALTIMO GLEN MILLS PA		564.77-	21,838.95
	SEQ#864342 DATE 4/28/20 TIME 15:55			
04/28	CHECK NUMBER 687			
04/28	CHECK NUMBER 689	175.00-		21,663.95
04/28	CHECK NUMBER 696	4,788.34-		16,875.61
04/28	CHECK NUMBER 697	85.32-		16,790.29
04/28	CHECK NUMBER 704	314.52-		16,475.77
04/28	CHECK NUMBER 705	850.00-		15,625.77
		1,000.00-		14,625.77

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Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

CHECKING ACCOUNT

ACCOUNT NUMBER: **778516692**

STATEMENT PERIOD FROM **04/01/2020** TO **04/30/2020**

PAGE: 4

ACCOUNT DETAIL

DATE	DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
04/28	BALANCE FORWARD FROM PREV. PAGE			
04/29	POS RETURN ALLSTATE *PAYM	16.31		14,625.77
	ALLSTATE *PAYMENT 800-255-7828 IL			14,642.08
	SEQ#700162 DATE 4/28/20 TIME 20:33			
04/30	DBT PURCHASE U-HAUL MOVING&STO		153.65-	14,488.43
	U-HAUL MOVING&STORAGE 800-789-3638 PA			
	SEQ#225930 DATE 4/29/20 TIME 09:20			
04/30	CHECK NUMBER 714		343.86-	14,144.57
04/30	SERVICE CHARGE		2.00-	14,142.57

CHECKS IN ORDER

DATE	NUMBER	AMOUNT	TRACE-NBR	DATE	NUMBER	AMOUNT	TRACE-NBR
04/03	643	187.27	0008511630	04/02	647*	152.07	0008010640
04/03	648	198.44	0008513290	04/03	649	138.39	0008513300
04/02	650	304.78	0008011400	04/03	651	576.53	0008511300
04/03	652	872.78	0008512710	04/06	653	197.40	0008002020
04/07	654	39.31	0008005820	04/07	655	91.34	0008005830
04/07	656	393.24	0008006340	04/03	657	126.15	0008511430
04/03	658	221.96	0008511440	04/03	659	122.00	0008513440
04/02	660	21.00	0008011420	04/06	661	376.11	0008000480
04/03	662	16.50	0008511860	04/03	664*	350.00	0008514920
04/03	665	350.00	0008514930	04/10	666	423.32	0008504970
04/09	667	199.69	0008017390	04/14	668	192.06	0008506840
04/07	669	198.65	0008501730	04/10	670	975.00	0008508360
04/10	671	350.00	0008508280	04/10	672	295.00	0008508290
04/21	673	726.46	0008502210	04/17	674	1,834.88	0008516930
04/20	675	1,306.00	0008002030	04/20	676	435.57	0008001640
04/20	677	162.07	0008001270	04/21	678	200.02	0008504400
04/21	679	1,736.52	0008505300	04/20	680	146.65	0008000480
04/22	681	256.78	0008007240	04/21	682	43.30	0008503910
04/23	683	341.70	0008009750	04/17	684	975.00	0008517100
04/17	685	350.00	0008007030	04/17	686	295.00	0008517190
04/28	687	175.00	0008004880	04/27	688	1,825.77	0008503060
04/28	689	4,788.34	0008005620	04/27	691*	126.15	0008503270
04/27	692	87.01	0008502290	04/27	693	318.81	0008502410
04/27	694	138.23	0008502420	04/27	695	215.04	0008504120
04/28	696	85.32	0008003650	04/28	697	314.52	0008002860
04/27	698	231.96	0008503260	04/24	699	216.30	0008012990
04/23	700	552.00	0008011990	04/24	701	700.00	0008507850
04/24	702	350.00	0008508060	04/24	703	295.00	0008507900
04/28	704	850.00	0008004870	04/28	705	1,000.00	0008004530
04/24	706	1,000.00	0008507840	04/30	714*	343.86	0008013070

(*) CHECK NUMBERS MISSING

(NOTAVL) CHECK # NOT AVAILABLE

TOTAL 60 29,792.25

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Debtor Name LEWIS M. IRVING

Case number 19-13930 (AMC)

CHECKING ACCOUNT

ACCOUNT NUMBER: 172954828

STATEMENT PERIOD FROM 04/01/2020 TO 04/30/2020

PAGE: 5

SUMMARY OF ACCOUNTS

DEPOSIT ACCOUNTS

AP ACCOUNT

CK 172954828

BALANCE

14,142.51

INT-RATE%

YTD-INT YTD-PENALTY

MATURITY

TO REPORT YOUR ATM/MASTERCARD DEBIT CARD LOST OR STOLEN,
OR USED WITHOUT YOUR AUTHORIZATION, PLEASE CALL 1-800-264-5578
A FRAUD DETECTION TEAM MEMBER IS AVAILABLE 24X7.

FEDERAL LAW REQUIRES US TO TELL YOU HOW WE COLLECT, SHARE, AND
PROTECT YOUR PERSONAL INFORMATION. SHARON BANK'S PRIVACY
POLICY HAS NOT CHANGED. YOU MAY REVIEW OUR POLICY AND
PRACTICES WITH RESPECT TO YOUR PERSONAL INFORMATION AT
WWW.SHARONBANK.COM OR CALL US AT 800-749-8035 AND WE WILL MAIL
YOU A FREE COPY UPON REQUEST.

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